

Sponsor _____ Site _____

	Breakfast					Lunch					Snack				
Month ↑ Date ↓	1st Meals To Children	2nd Meals To Children (Non-Camp Only)	1st Meals To Ineligible Children (Camp Only)	Program Adults	Non-Program Adult	1st Meals To Children	2nd Meals To Children (Non-Camp Only)	1st Meals To Ineligible Children (Camp Only)	Program Adults	Non-Program Adult	1st Meals To Children	2nd Meals To Children (Non-Camp Only)	1st Meals To Ineligible Children (Camp Only)	Program Adults	Non- Program Adult
1															
2															
3															
4															
5															
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22															
23															
24															
25															
26															
27															
28															
29															
30															
31															
Total															

residential camp meal COUNT RECORD FOR calendar MONTH OF _____, 20____
Camp _____

[illegible]